

## TRANSITIONAL PLAN

*A copy of this document **SHOULD** be provided to the inmate upon release. If the Transitional Plan is not provided upon release, this form **MUST** be forwarded to the ex-offender or field parole officer or an identified appropriate contact.*

Name: \_\_\_\_\_ AKA: \_\_\_\_\_

DIN#: \_\_\_\_\_ Release Date: \_\_\_\_\_

### **Transitional Planner Contact Information:**

Agency: \_\_\_\_\_ Contact(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Has the CMS Form been obtained? \_\_\_\_\_

Has there been coordination with the facility medical staff for:

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> 30 day supply of HIV medications?                | Yes _____ No _____ |
| <input type="checkbox"/> Prescriptions?                                   | Yes _____ No _____ |
| <input type="checkbox"/> _____ day supply of other requested medications? | Yes _____ No _____ |

Has the inmate been given their *AIDS Drug Assistance Program* (ADAP) card? Yes\_\_ No \_\_

If No, have arrangements been made for the inmate to receive the card? Yes \_\_ No \_\_

If No, is an ADAP application in process? Yes \_\_\_\_\_ No \_\_\_\_\_

This transitional plan has been approved by \_\_\_\_\_ on \_\_\_\_\_.  
(In-Facility Parole Officer) (Date)

### **Parole Information:**

Field Parole Officer (if known) \_\_\_\_\_ Phone #: \_\_\_\_\_

Your first appointment is on: \_\_\_\_\_ At: \_\_\_\_\_

Address:

\_\_\_\_\_

If Parole information is not available, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**On the day of your release, please follow these instructions (if applicable):**

A) **Escort Service:**

The following are your instructions to meet your escort:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) **Housing:**

The following are your housing arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If parolee, has housing been approved by NYS Division of Parole? Yes \_\_\_\_\_ No \_\_\_\_\_

C) **Case Management:**

You have an appointment to begin case management services:

On: \_\_\_\_\_ with: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D) **Medical:**

A medical appointment has been set up for you on: \_\_\_\_\_

With \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

***Please be sure to bring your ADAP card and medical records to the agencies providing case management and medical services.***

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

SAMPLE

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## **Important Telephone Numbers**

- ❖ **AIDS Drug Assistance Program (ADAP) Hotline:** 1-800-542-2437
- ❖ **Prison HIV Hotline:** (716) 854-5469 (*Accepts Collect Calls*)  
(*from state correctional facilities*)
  - Monday – Friday: 12 noon – 8:00 P.M.
  - Saturday & Sunday: 10:00 A.M. – 6:00 P.M.
- ❖ **HIV/AIDS Services Administration (HASA) Helpline (NYC Only):**  
Phone: (212) 971-0626
  - Monday – Friday: 9 A.M. – 9 P.M.
- ❖ **St. Vincent's Hospital / Spellman Center (NYC Only):** (212) 459-8130
- ❖ **Legal Action Center:** 1-800-223-4044
- ❖ **Center for Disease Control National AIDS Hotline:** 1-800-CDC-INFO  
(1-800-232-4636)
- ❖ **Domestic Violence Hotline:** 1-800-942-6906 (English); 1-800-942-6908 (Spanish)
- ❖ **New York City Domestic Violence Bilingual Hotline (24 hours):** 1-800-621-HOPE
- ❖ **LIFENET:** 1-800-543-3638; New York City ONLY; 24 hours a day, 7 days a week.  
(Offers confidential help with depression and other mental health problems.)
- ❖ **National Sexually Transmitted Diseases (STD) Hotline:** 1-800-227-8922 (English)  
1-800-344-7432 (Spanish)

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Transitional Planner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Transitional Planner's Supervisor Signature**

\_\_\_\_\_  
**Date**

=====

*(See Below – For County Jails ONLY)*

**Probation Officer:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

*Issued: April 28, 2006*